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Applicant(s): **Martha Karen Boyd**Title: **INTEGRATED MOBILE PHONE RING SCHEDULER**App. No.: **10/764,812**Filed: **January 26, 2004**Examiner: **LY, NGHI H.**Group Art Unit: **2686**Atty. Dkt. No.: **1033-MS1013**Confirmation No.: **6578**

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PTO/58/17 (12-04-02)  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/764,812</b> Filing Date <b>January 26, 2004</b> First Named Inventor <b>Martha Karen Boyd</b> Examiner Name <b>LY, Nghi H.</b> Art Unit <b>2686</b> Attorney Docket No. <b>1033-MS1013</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>500.00</b>			

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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description		Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (including Reissues)		50	25				
Each independent claim over 3 (including Reissues)		200	100				
Multiple dependent claims		360	180				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 20 or HP = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): Brief in Support of Appeal				500.00			

SUBMITTED BY		
Signature		Registration No. <b>38,342</b> Telephone <b>512-327-3515</b>
Name (Print/Type)	<b>Jeffrey G. Toler</b>	Date <b>2-10-2006</b>

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